RENNES HEALTH CENTER EAST - FDD

701 WILLOW STREET

PESHTI GO 54157 Phone: (715) 582-3962 Ownershi p: Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 18 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): 18 Average Daily Census: 17 Number of Residents on 12/31/00: 17

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/00)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	5. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	23. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	82.4	Under 65	35. 3	More Than 4 Years	70. 6
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	41. 2		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	23. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	64. 7		
Transportation	No	Cerebrovascul ar	0.0			RNs	11. 1
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	4. 6
Other Services	No	Respiratory	0. 0			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	17. 6	Male	52. 9	Aides & Orderlies	49. 8
Mentally Ill	No	Ì		Female	47. 1		
Provi de Day Programming for		İ	100.0			I	
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medi c	are		Medi c	ai d											
		(Title	18)	((Title	19)		0th	er	Pri	ivate	Pay	1	Manage	d Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
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Skilled Care	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0. 0	\$0. 00	0	0.0%
Intermediate				0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Dev. Di sabl ed				17 1	100. 0	\$137. 24	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	17	100. 0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		17 1	100. 0		0	0. 0		0	0. 0		0	0.0		17	100.0%

County: Marinette RENNES HEALTH CENTER EAST - FDD

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi t	ions, Services, a	nd Activities as of 12/	31/00
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	5. 9		47. 1	47. 1	17
Other Nursing Homes	100	Dressing	29. 4		35. 3	35. 3	17
Acute Care Hospitals	0.0	Transferring	52. 9		17. 6	29. 4	17
Psych. HospMR/DD Facilities	0.0	Toilet Use	35. 3		23. 5	41. 2	17
Rehabilitation Hospitals	0.0	Eating	41. 2		52. 9	5. 9	17
Other Locations	0.0	*********	**********	*****	*******	********	******
Total Number of Admissions	1	Conti nence		%	Special Treatme	nts	%
Percent Discharges To:		Indwelling Or Exteri	nal Catheter	0.0	Receiving Res	pi ratory Care	11. 8
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	52.9	Recei vi ng Tra	cheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	41.2	Recei vi ng Suc	ti oni ng	0. 0
Other Nursing Homes	0.0				Receiving Ost	omy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tub	e Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	23. 5	Receiving Mec	hanically Altered Diets	88. 2
Rehabilitation Hospitals	0. 0						
Other Locations	0.0	Skin Care			Other Resident	Characteri sti cs	
Deaths	100	With Pressure Sores		0.0	Have Advance	Di recti ves	100. 0
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	1				Receiving Psy	choactive Drugs	17. 6
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Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

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	This Facility		מער cilities		All ilties	
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	94. 4	85. 5	1. 10	84. 5	1. 12	
Current Residents from In-County	76. 5	42. 1	1. 81	77. 5	0. 99	
Admissions from In-County, Still Residing	0. 0	19. 5	0.00	21. 5	0.00	
Admissions/Average Daily Census	5. 9	16. 4	0. 36	124. 3	0. 05	
Discharges/Average Daily Census	5. 9	19. 2	0. 31	126. 1	0. 05	
Discharges To Private Residence/Average Daily Census	0. 0	9. 2	0. 00	49. 9	0.00	
Residents Receiving Skilled Care	0. 0	0. 0	0. 00	83. 3	0.00	
Residents Aged 65 and Older	64. 7	16. 2	3. 99	87. 7	0. 74	
Title 19 (Medicaid) Funded Residents	100. 0	99. 5	1. 01	69. 0	1. 45	
Private Pay Funded Residents	0. 0	0. 5	0. 00	22. 6	0.00	
Developmentally Disabled Residents	82. 4	99. 3	0. 83	7. 6	10. 78	
Mentally Ill Residents	0. 0	0. 5	0. 00	33. 3	0.00	
General Medical Service Residents	17. 6	0. 2	97. 84	18. 4	0. 96	
Impaired ADL (Mean)*	50. 6	50. 8	1. 00	49. 4	1. 02	
Psychological Problems	17. 6	45. 9	0. 38	50. 1	0. 35	
Nursing Care Required (Mean)*	12. 5	11. 0	1. 14	7. 2	1. 75	